

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584 950

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8	1		1			
9	2		1			
10	2		1			
11	2		1			
12	1		1			
13	①		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
18	1		1			
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24	1		1			
25	1		1			
26	1		1			
27	1		1			
28	1		1			
29	1		1			
30	16		1			
31	1		1			
32	1		1			
33	1		1			
34	1		1			
35	1		1			
36	1		1			
37	1		1			
38	1		1			
39	1		1			
40	1		1			
41	1		1			
42	4		1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.	16	↓		↓		↓
TOTAL DEP.	43	←		←		←
TOTAL CLAIMS	53	████████	████████	████████	████████	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
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100						
TOTAL IND.			↓		10	↓
TOTAL DEP.	43	←	←		44	←
TOTAL CLAIMS	53	████████	████████	████████	54	████████